

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Register No.

PLAINTIFF,)

)

Plaintiff,)

)

-vs-

)

)

DEFENDANT,)

)

Defendant,)

)

REPLY TO MOTION SEEKING COURT
ASSISTANCE IN EVALUATOR SELECTION
UNDER SMALL LAWSUIT RESOLUTION ACT

(I.C. §7-1504(6))

COMES NOW the Plaintiff/Defendant [through his/her attorney
of record, _____], and replies to the Motion
Seeking Court Assistance in Evaluator Selection as follows:

1. [explanation]
2. No hearing is required.

DATED this _____ day of _____, 20____.

Signature

CERTIFICATE OF SERVICE

I do hereby certify that a true, full and correct copy of the foregoing Reply to Motion Seeking Court Assistance in Evaluator Selection Under Small Lawsuit Resolution Act was this ____ day of _____, 20____, serviced upon the following in the manner indicated below.

Name of Party	<input type="checkbox"/> U.S. Mail postage prepaid
Address	<input type="checkbox"/> Overnight Delivery
	<input type="checkbox"/> Hand Delivery
	<input type="checkbox"/> Telefax

Signature

Attorney

CLERK OF THE COURT